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## FAX TRANSMISSION

**DATE:** December 17, 2008

**PTO IDENTIFIER:** Application Number 10/815,384  
Patent Number

**Inventor:** Eilaz Babaev

**MESSAGE TO:** US Patent and Trademark Office

**FAX NUMBER:** (571) 273-8300

**FROM:** ROPES & GRAY LLP  
Jesse A. Fecker, Ph.D., J.D.

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**Attorney Dkt. #:** 103514-0011-103

**PAGES (Including Cover Sheet):** 16


**CONTENTS:** Amendment Transmittal (1 page)  
Amendment in Response to Non-Final Office Action (14 pages)

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DEC 17 2008

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 103514-0011-103	
Application No. 10/815,384		Filing Date April 1, 2004		Examiner J. Cheng	
				Art Unit 3768	
Applicant(s): Eilaz Babaev					
Invention: ULTRASONIC METHOD AND DEVICE FOR WOUND TREATMENT					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	47	- 58 =	0	x 26.00	0.00
Independent Claims	3	- 5 =	0	x 110.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Jesse A. Fecker, Ph.D., J.D. Attorney/Agent Reg. No.: 52,883				Dated: <u>December 17, 2008</u>	
ROPES & GRAY LLP One International Place Boston, Massachusetts 02110 (617) 951-7633					
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below. Dated: <u>12/17/08</u> Signature: <u>[Signature]</u> (Ginny Blundell)					

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Dated: 12/17/08Signature: [Signature]

(Ginny Blundell)

Docket No.: T03514-0011-103  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Eilaz Babaev

Application No.: 10/815,384

Confirmation No.: 7585

Filed: April 1, 2004

Art Unit: 3768

For: ULTRASONIC METHOD AND DEVICE FOR  
WOUND TREATMENT

Examiner: J. Cheng

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Madam:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated September 17, 2008, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 10 of this paper.

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